



CoventryONESM

DENTAL CARE RIDER

This Dental Care Rider is an amendment to the Coventry Health Care of Georgia, Inc. ("Coventry") Individual Member Contract.

ARTICLE 1 - DEFINITIONS

Dental Care Services. The preventive and restorative Dental Care Services which are provided to Members by Dental Providers who participate in the Dental Provider Network.

Dental Provider. The general dentists and specialist dentists who participate in the Dental Provider Network, including oral surgeons, endodontists, pedodontists, periodontists, and orthodontists.

Dental Provider Network. Coventry's designated Dental Provider Network, which consists of general dentists and specialist dentists, including oral surgeons, endodontists, pedodontists, periodontists, and orthodontists.

ARTICLE 2 - COVERED SERVICES

All Dental Care Services under this Rider must be rendered by Dental Providers who participate in the Dental Provider Network. Members may access this network by calling the telephone number indicated on the Member's dental ID Card.

Each Member is required to select a general dentist who will provide or coordinate all of the Member's Dental Care Services. Members are also required to obtain a referral from a general dentist to see a specialist dentist. Prior Authorization may be required for some Dental Care Services. Members should call the telephone number on the Member's dental ID Card for more information on these requirements.

Subject to the exclusions, limitations and Copayments described herein, the following Dental Care Services will be Covered under this Rider:

1. Diagnostic and preventive services, including:
 - a. oral examinations
 - b. consultations
 - c. x-rays
 - d. prophylaxis (cleaning)
 - e. topical application of preventive solutions and sealants (age limitations may apply)
 - f. space maintainers
2. Emergency services to relieve severe pain, infection, swelling and/or bleeding, or immediately required to avoid placing the Member's health in serious jeopardy
3. Restorative services, including amalgam, synthetic porcelain, and plastic restorations (fillings)
4. Crowns and jackets are also Covered when teeth cannot be restored with the restorative services mentioned above
5. Oral surgery, including extractions and certain other surgical procedures
6. Endodontics, including pulpal therapy and root canal filling
7. Periodontics, treatment of the tissue supporting the teeth
8. Fixed bridges are Covered subject to administrative policies
9. Removable prosthetics, including full or partial dentures
10. Orthodontic care for adults and/or dependent children, subject to the availability of network orthodontics

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ARTICLE 3 – COPAYMENTS

Please Note:

This is a brief summary of the Dental Care Services that are Covered under this Rider and is subject to change.

Members should call the Dental Provider Network telephone number on the Member's dental ID Card for information on: Covered Dental Care Services; Copayments; limitations; exclusions; referral requirements; Prior Authorization requirements; participating Dental Providers; and other administrative policies.

Diagnostic Benefits	Dental Provider Network	Out-of-Network
Comprehensive Oral Examination	\$35 Copayment	Not Covered
4 Bitewing X-Rays (Limited to 1 series every 6 months)	\$10 Copayment	Not Covered
Panoramic Film (Limited to 1 every 24 months)	\$35 Copayment	Not Covered
Comprehensive Periodontal Examination	\$40 Copayment	Not Covered
Preventive Benefits	Dental Provider Network	Out-of-Network
Prophylaxis (Cleaning) (Limited to 1 every 6 months)	\$20 Copayment	Not Covered
Topical Application of Fluoride, to age 19 (Limited to 1 every 6 months)	No Copayment	Not Covered
All Other Dental Care Services	Dental Provider Network	Out-of-Network
See Article 2 above	Various; Call Dental Provider Network for information	Not Covered

Payments Members make for Covered Dental Care Services under this Rider do not count toward the Deductible or Out-of-Pocket Maximum under the Member's Plan. The Deductible and Out-of-Pocket Maximum amounts are listed in the Member's Schedule of Benefits.


ARTICLE 4 – EXCLUSIONS AND LIMITATIONS

The following services are not covered under this Rider:

1. Any service provided by an Out-of-Network provider (i.e., a provider who does not participate in the Dental Provider Network).
2. Any procedure that in the professional opinion of the Dental Provider:
 - (a) has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures; or
 - (b) is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

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6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered services.
10. All related fees for admission, use, or stays in a hospital, outpatient center, extended care facility, or other similar care facility.
11. Prescription drugs.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Member was enrolled in the Coventry Individual Member Contract. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken, and orthodontics.
13. Lost, stolen, or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by an accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a provider whose practice specializes in prosthodontic services.



Chief Executive Officer
Coventry Health Care of Georgia, Inc.